

Update from the NCI Acting Director

*Douglas R. Lowy
Acting Director, National Cancer Institute
National Institutes of Health*

NCAB Meeting
September 12, 2017



NATIONAL CANCER INSTITUTE

Hurricanes Harvey & Irma: Impact on NCI- designated Cancer Centers & NCI Grantees

- Active Monitoring
 - Thanks to Stephen White, DCB
- University of Houston, others?

Dr. Sharpless: soon

Continuing Resolution for Start of FY 2018

- Funding: October 1 - December 8
- Includes funding for Cancer Moonshot
- MK Holohan: more information

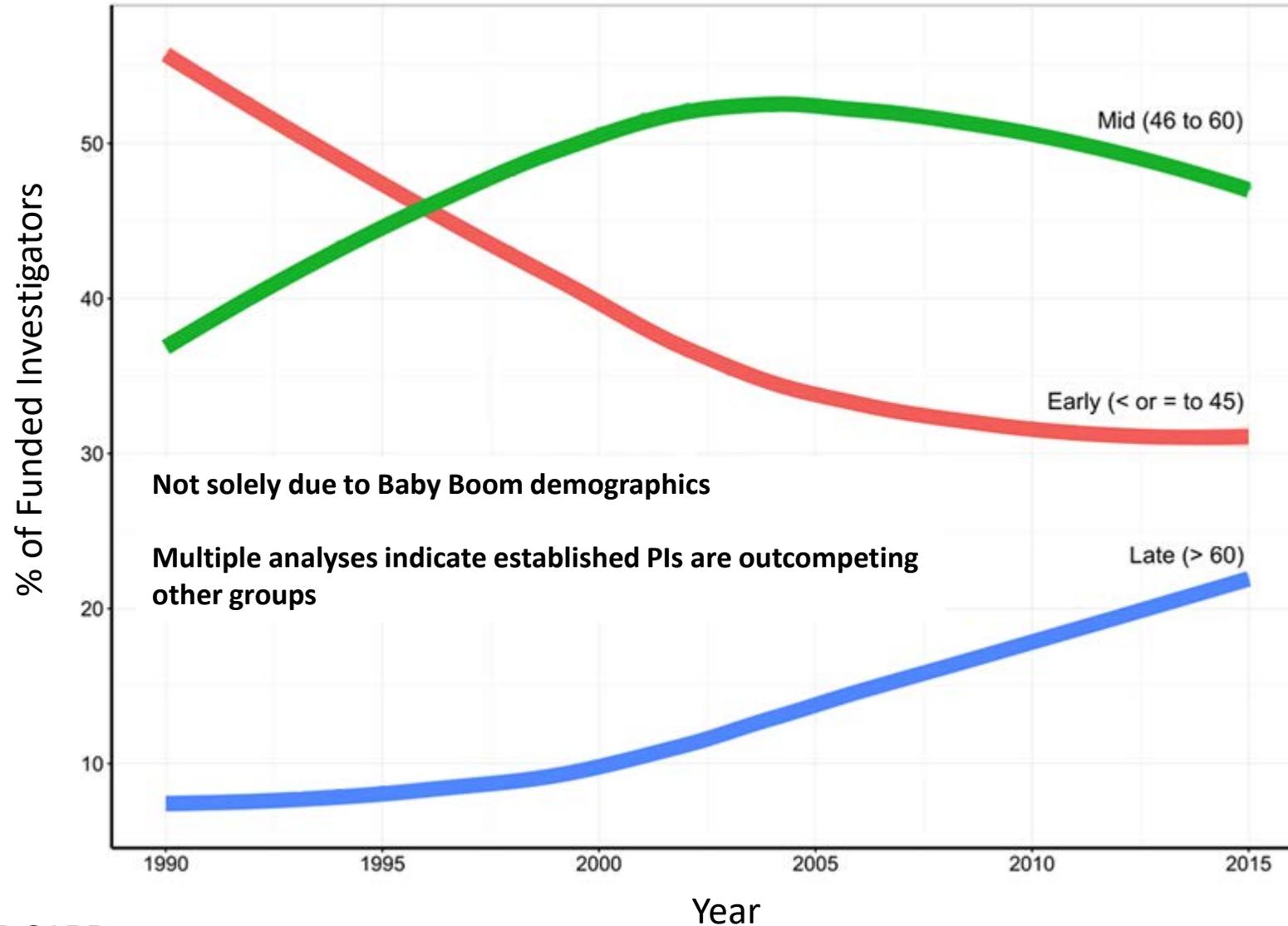
June: Grant Support Index (GSI)
September: Next Generation Research Initiative (NGRI)

- Grant Support Index
 - Focus on reducing the number of investigators with many grants, indirectly
- Next Generation Research Initiative
 - Focus on increasing support for Early State Investigators (ESI's) and for Early Established Investigators (EEI's)

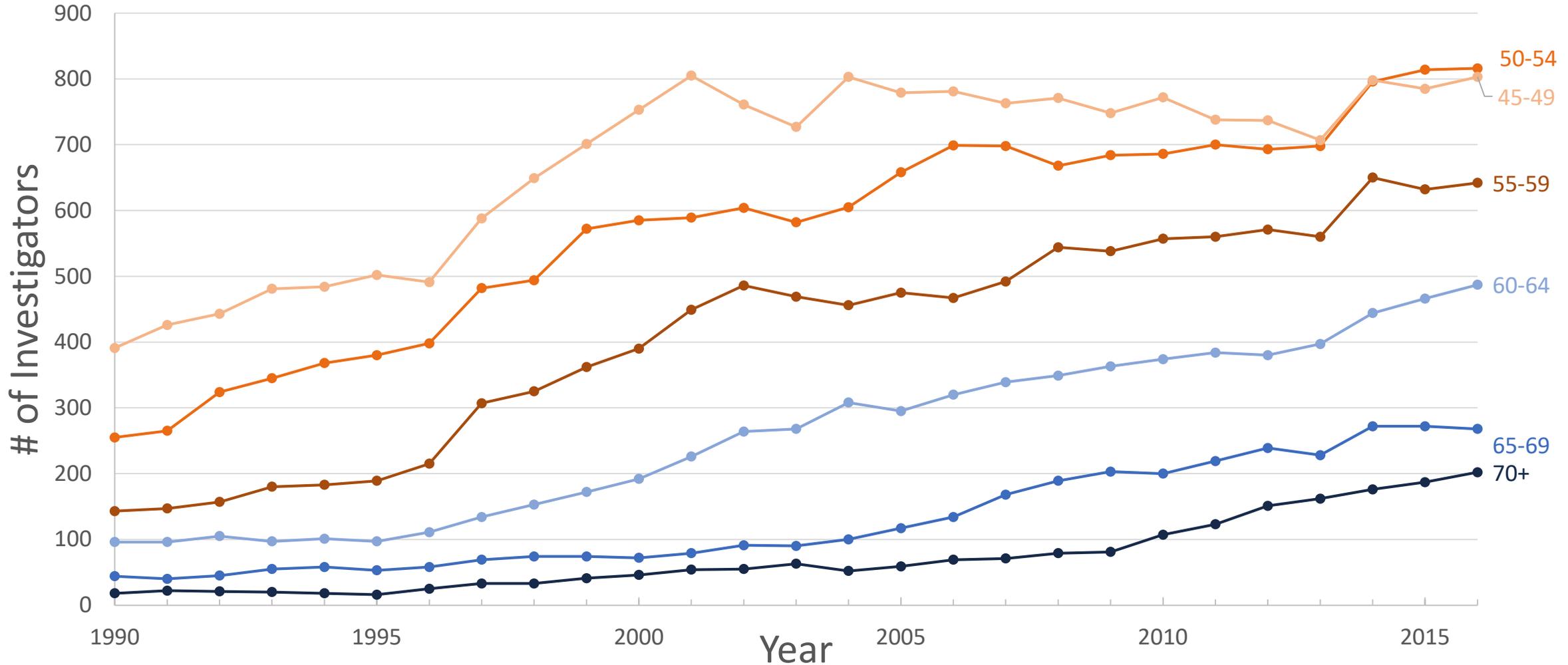
NCI Analyses: Productivity and Funding Trends

*L. Michelle Bennett, PhD
Director, Center for Research Strategy
National Cancer Institute*

Age of Investigators Funded by NIH

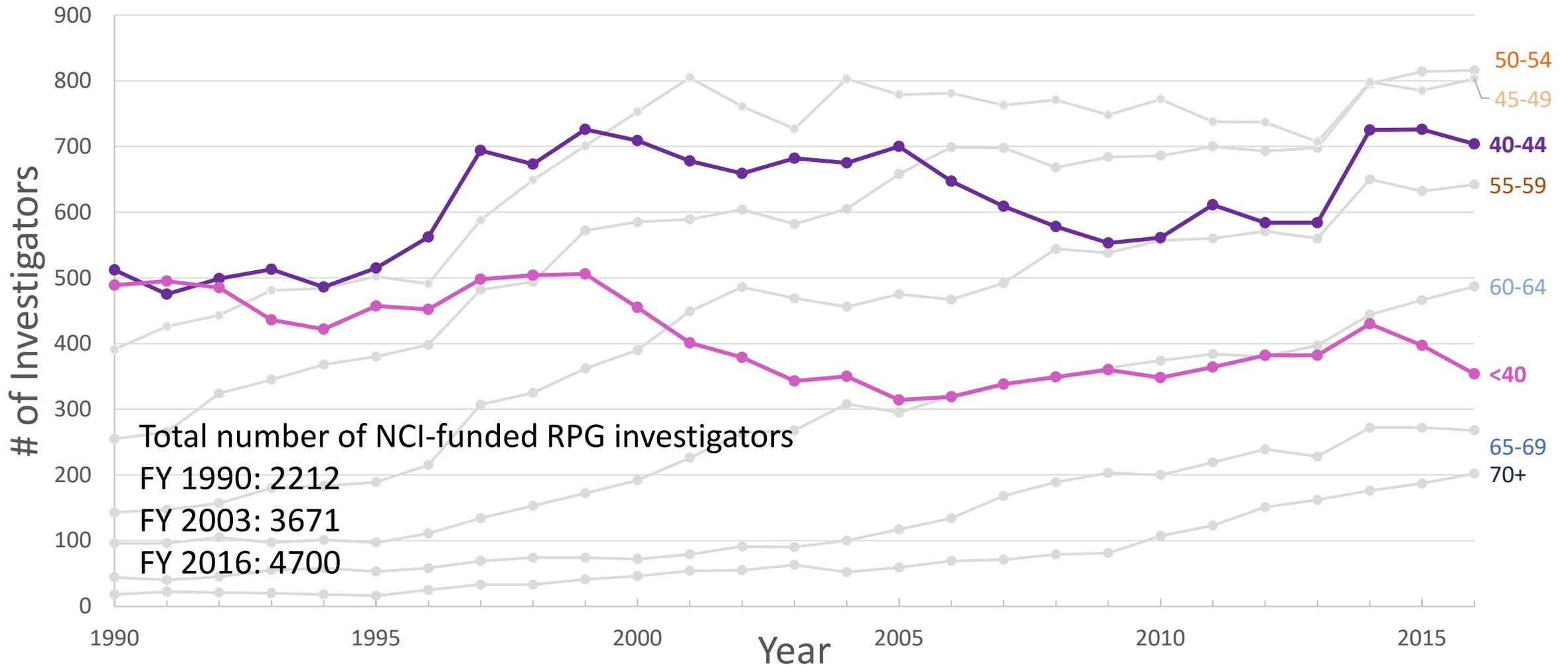


Funding Trends Over Time by Age: NCI RPG Investigators



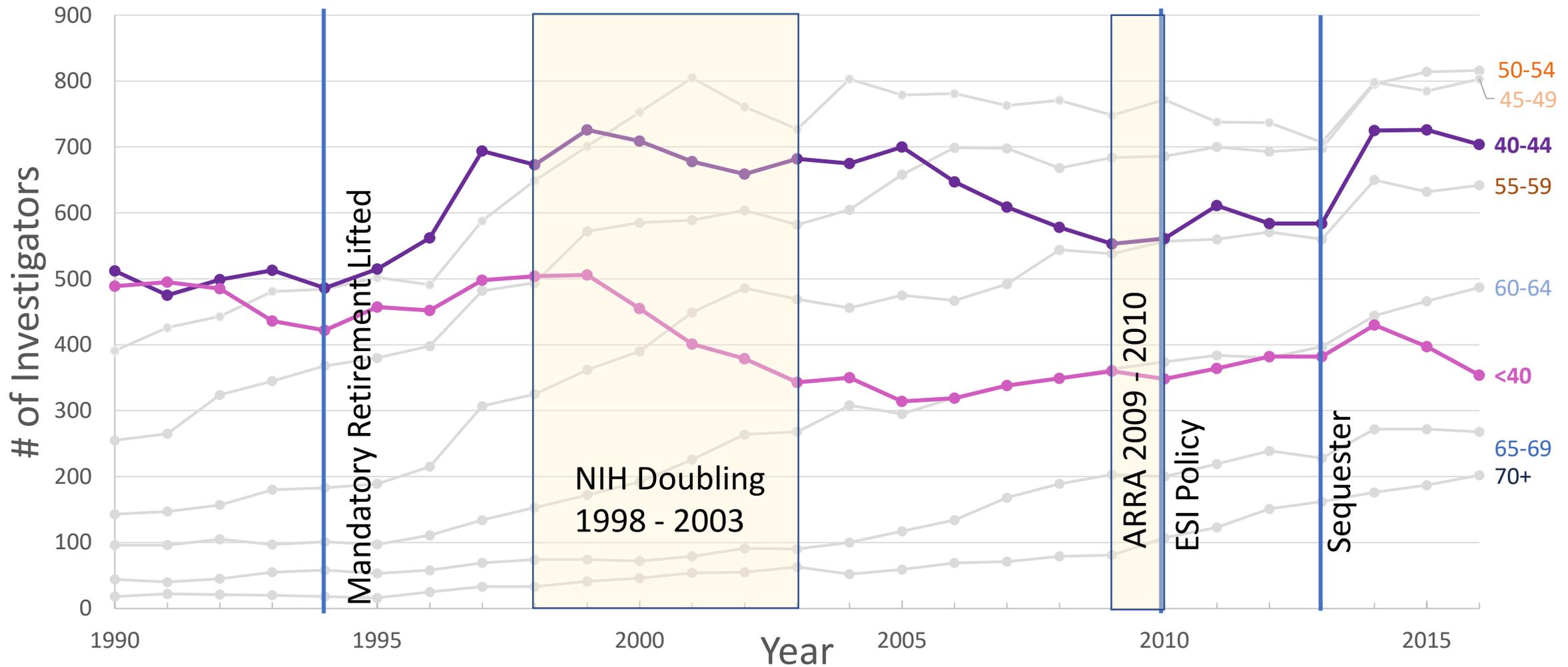
Funding Trends Over Time by Age: NCI RPG Investigators

All age groups are increasing over this period except for under 40 group

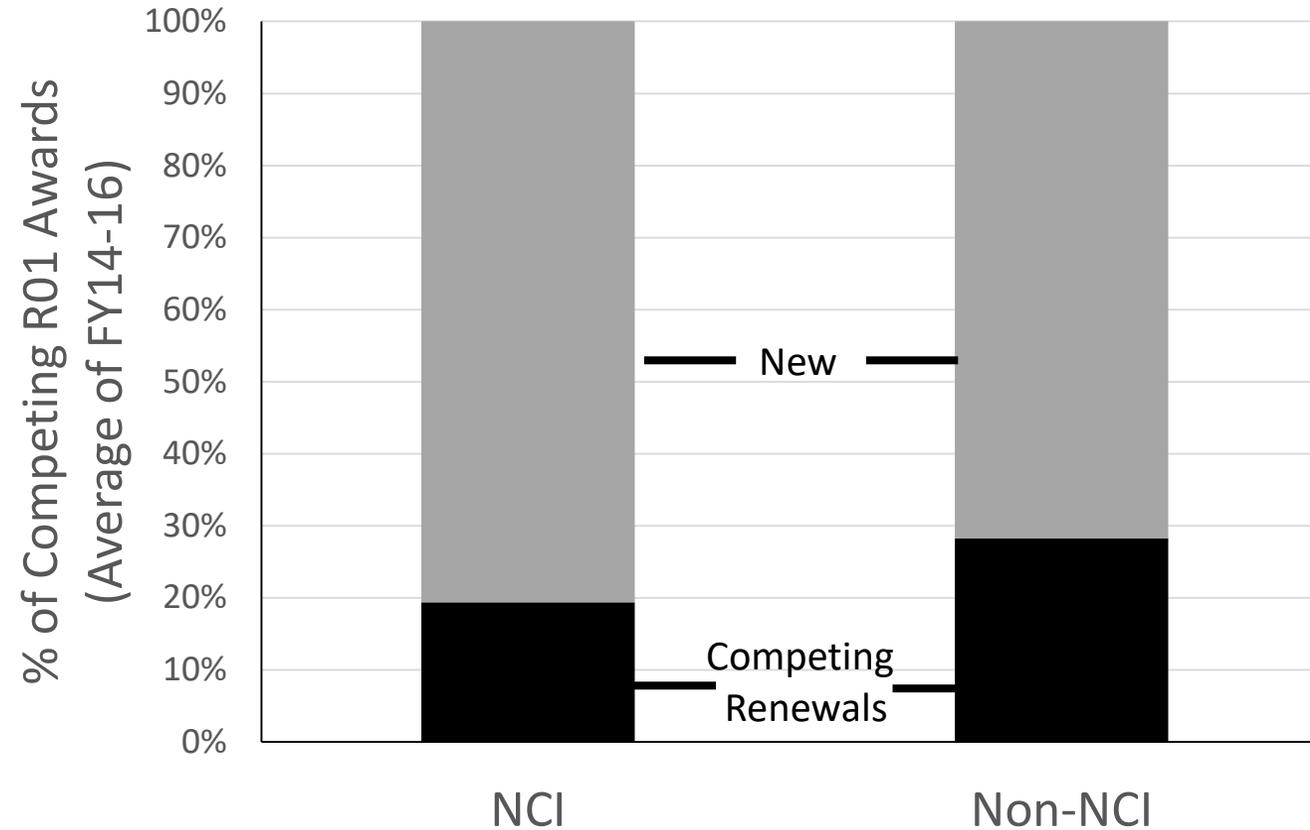


Funding Trends Over Time by Age: NCI RPG Investigator

All age groups are increasing over this period except for under 40 group



Turnover of NCI R01s is greater than non-NCI R01s



- Percent of competing R01 awards that are competing renewals is lower for NCI as compared to non-NCI
- Additionally, success rate of competing renewals at NCI is lower than non-NCI (25% vs. 36% in FY 2014)

NCI and VA Interagency Grop to Accelerate Trials Enrollment (NAVIGATE)



Sheila A. Prindiville, MD, MPH

Presentation to CTROC

June 22, 2017

NAVIGATE Team Members

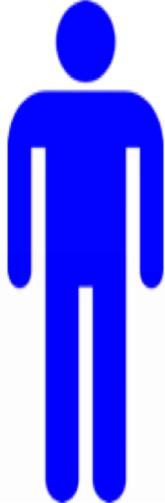
NCI

Andrea Denicoff	DCTD, NCTN
Marge Good	DCP, NCORP
Raymond Petryshyn	CCCT
Sheila Prindiville	CCCT

VA

Mary Brophy	VA CSP & Director, VISN1 Clinical Trials Network (CTN)
Marisue Cody	VA ORD, Director of Operations
Grant Huang	VA ORD, Acting Director, Cooperative Studies Program
Michael Kelley	VA Director, National Oncology Program
Connie Lee	VA Director, BD-STEP Program
Laurence Meyer	VA Chief Officer, Patient Care Services
Karen Pierce-Murray	VA Program Manager, CSP/VISN1 CTN
Rachel Ramoni	VA Chief Research & Development Officer
Colleen Shannon	VA CSP & Deputy Director, VISN1 Clinical Trials Network
Sara Turek	VA CSP Project Manager/VISN1 CTN

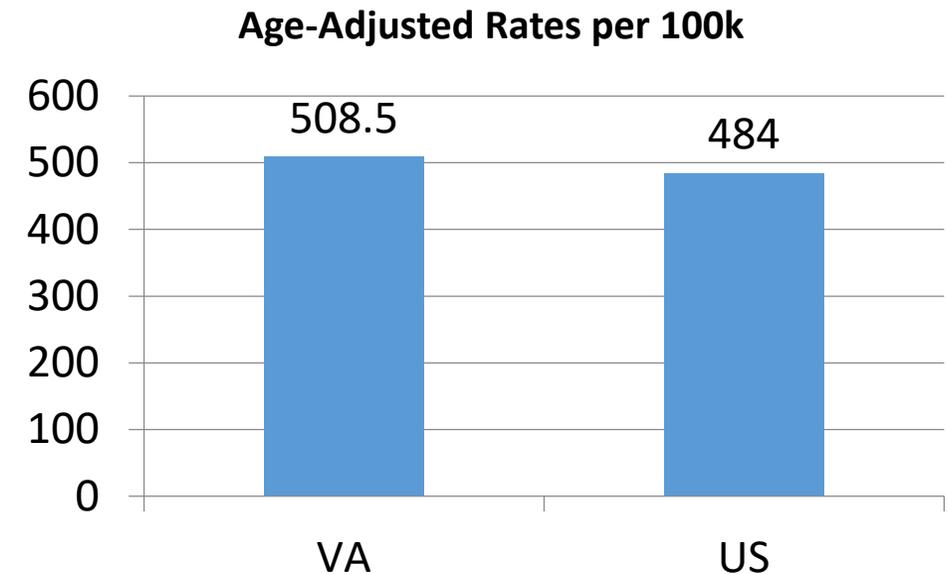
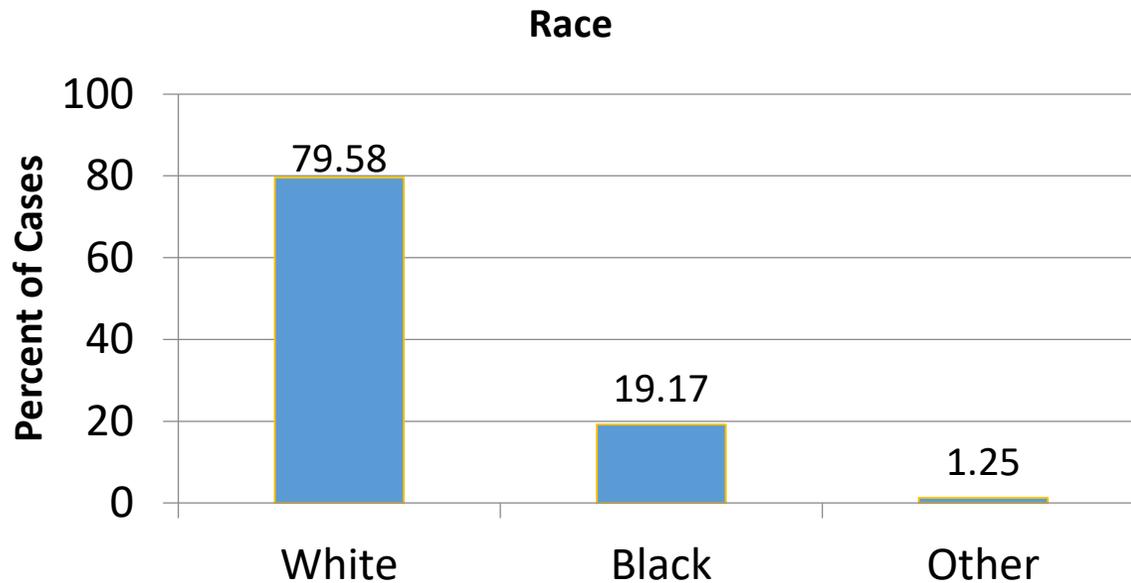
Most Common Cancers by Sex in VA Patients, 2010

	n	%	Males	Females		n	%
Prostate	13,438	30%			Breast	402	30%
Lung & bronchus	8,019	18%			Lung & bronchus	197	15%
Colon & rectum	3,705	8%			Colon & rectum	88	7%
Kidney & pelvis	1,733	4%			Uterine corpus	75	6%
Melanoma	1,674	4%			Melanoma	59	4%
Liver	1,553	3%			Thyroid	53	4%
All Sites	44,836	97%	All Sites	1,330	3%		

Cancer Incidence among Patients of the United States Veterans Affairs (VA) Healthcare System: 2010 Update

- Total cancers: 49,857
- Invasive cancers: 46,166 (3% of all US cancers)

US Region	n	%
Midwestern	9887	21.4
Northeastern	6851	14.8
Southern	19351	41.9
Western	10080	21.8



Barriers to VA Participation in NCI Trials

- Trial activation challenges
 - Regulatory and policy compliance
 - Use of technology, data sharing, and associated information security
 - Tissue banking
 - Lack of personnel and resources for recruitment
- Barriers to participation for Veterans
 - Travel and financial challenges
 - Awareness of trials and patient resources
 - Restrictive eligibility criteria (including co-morbidities)

NAVIGATE Overall Goal

Enable more VA patients to enroll in NCI national clinical trials.

- Initial focus is on activities to facilitate participation of VAMC sites in NCI trials.
- Longer term goals include seeking ways to sustain VAMC participation in NCI clinical trials beyond the IAA.

Primary Activities Supported by the IAA

- Provide infrastructure funding support to VA sites for enrollment of VA patients to NCTN and NCORP clinical trials.*
- Organization of an Executive Committee of NCI and VA personnel to oversee activities and help overcome barriers, particularly those at the central/national level.

*Eligible trials are those NCTN and NCORP trials on the CTSU menu

Anticipated Benefits of the NAVIGATE IAA

- *Increasing access for Veterans* with cancer to promising new treatments through national cancer clinical trials, including ‘precision medicine’ and ‘immunotherapies.’
- *Accelerating accrual* to NCI-supported NCTN and NCORP trials resulting in more timely completion.
- Offering ways for *minority populations* within the VA to participate in NCI-supported trials.
- Increasing participation of *VA clinical investigators* in clinical cancer research.
- Opening opportunities for VA investigators to *participate in NCI’s Scientific Steering Committees*; contribute scientific expertise and identify studies of importance to the VA cancer population.
- Enhance *VA’s overall leadership role* in cancer care and clinical research.

Timeline for Initial Activities

- July, 2017 – Finalize, execute and fund IAA
- August - September, 2017 – Form Executive Committee (EC) and finalize VA solicitation/request for proposals
- October, 2017 – Release solicitation for NAVIGATE sites (8-10)
- Winter-Spring, 2018 – NAVIGATE kickoff meeting with sites and EC

*Start up funding in FY17; Program runs 2018-2021



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